

**STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH**

**February 11, 2008
Notes**

MEMBERS PRESENT: Lise Ewald, Kitty Gallagher, George Karabakakis, Marty Roberts, and Jim Walsh

VISITORS: Michael Fitzgerald and Grace Zdunek

DMH STAFF: Melinda Murtaugh, Frank Reed, Terry Rowe, and Evan Smith

Marty Roberts facilitated today's meeting. Standing Committee members approved the notes of the meeting of January 14, 2008, as written.

Vermont State Hospital (VSH): Terry Rowe

Proposed Renovations in the Patient Programming Area. These renovations stem from the Department of Justice (DOJ) Requirement that VSH provide active treatment, Terry told the Standing Committee. The total cost will probably be \$160,000-\$170,000. The idea is to make it possible for patients to leave their unit to go to another area of the hospital for treatment and to provide adequate security throughout. VSH staff will need additional space for meetings, and so an additional proposal is to put a half-wall in the library to permit trainings and other required activities for staff but preserve the fireplace, comfortable furniture, and piano as they are for patients' enjoyment.

The State Hospital is currently licensed for 54 beds; the census on February 11 is 38.

Kitty asked if the renovations are worth the cost. Terry replied that the current facility will probably continue to be used for between three and five more years. The changes look toward expectations in the way of patients being able to leave their unit, fix meals, and tend to other kinds of "normalizing" functions.

Kitty expressed reservations about changing the library. Terry explained that the library has become fairly informal over the years. It is a library mostly in name by now; there are still books in the room, but no card catalogue. With a half-wall, the space will still be available to patients for relaxation, music, and other pastimes they may want to pursue.

Michael Fitzgerald asked how patients file grievances at VSH, and Terry explained the process, beginning with notification of patients' rights and following other steps along the way. VSH also has a part-time patients' advocate now. Michael also wanted to know more about possible activities at VSH so that patients do not have the same activities day after day. Terry's thinking is that structured activities are good. Programming should be available not only during weekdays but also in the evenings and on weekends.

Kitty suggested reviewing the renovation proposals with the Patient Advisory Council, and George Karabakakis supported the suggestion. At the end of the discussion, Terry understood the Standing Committee's remarks to mean that they would really rather not see the library altered but they nevertheless understand the pressing reasons for doing so.

Draft Mission, Vision, Values Statement. Terry read through the draft statements and asked to come back in March for more feedback from the Standing Committee. The statements will be posted on the Web.

VSH Draft Research Policy

After extensive discussion of the draft research policy, Standing Committee members unanimously voted to offer the following suggestions to VSH's Policy Committee and the Governing Body:

- ◆ On page 1, change "make a choice" to "express a choice." The definition of "capacity" would thus read "**Capacity** means ability to understand the information presented, to appreciate the consequences (risks and benefits) of acting (or not acting) on that information, and to **express** a choice."

- ◆ On p. 3, to the statement about continued participation in research:

"A patient's objection to continued participation in a research protocol is heeded in all circumstances"

Add:

"periodic monitoring will occur to determine patient's wishes regarding continued participation"

The same statement also seems to belong on p. 6 under "Continuing Review and Monitoring."

- ◆ On pp. 3-4, add a sixth criterion under "Consent": "The patient demonstrates an understanding of the information" received in regard to research undertaken."

More on Peer Initiatives: Kitty Gallagher

The Peer Initiative Committee went before the Transformation Council for a second time to obtain permission to recruit an outside person to assess a location for a peer-operated crisis respite bed, Kitty told Standing Committee members. She and Nick Nichols will put together a job description.

Stepping Stones in New Hampshire is open 24 hours a day. Vermont's crisis respite bed will be open only certain days of the week, Kitty added. Based on the example of Rose House at \$138 per patient per day, cost efficiencies for Vermont's initiative look promising. Vermont's approach will be proactive, trying for outreach before a crisis becomes full-blown in order to

prevent escalation. In effect, Vermont will develop its own model with the involvement of peer specialists.

The crisis respite bed will start up under Vermont Psychiatric Survivors' 501(c) (3). Nick will be the Department of Mental Health's (DMH) staff liaison.

Chief Justice Task Force on Criminal Justice and Mental Health Collaboration: George Karabakakis

George distributed a brief description of the task force and its background together with a table of alternatives to the criminal justice system and incarceration in Vermont. The Supreme Court has charged the task force with "creating a plan to improve the response to individuals with mental illness and co-occurring disorders who are involved, or at risk of becoming involved, with the criminal justice system. The task force has quite a diverse membership, George said, and it has been meeting for several months. Work groups include one on knowledge, skills, and attitudes, and another one on alternatives to criminal justice/incarceration. George is still not quite sure how the Standing Committee can offer feedback to the task force, but he will ask for more details.

DMH Vision/Mission/Values Statement

DMH is still seeking input on its Vision/Mission/Values Statement, Marty said. Anyone who has recommendations or suggestions to offer should send them by February 19.

Re-designation of the Counseling Service of Addison County: Evan Smith

Evan distributed CSAC reports for Standing Committee members' review. The first discussion will be scheduled for the March meeting (March 10), with further discussion and recommendation to the Commissioner at the April meeting (April 14).

Act 114 Time Frame: Jim Walsh

Jim called members' attention to Michael Hartman's letter on Act 114 and the changes that DMH is seeking in the law. Michael will be coming to the March meeting and perhaps could give some additional perspective on the topic.

Possible Items for the March Agenda

- ∞ Introductions, agenda, approval of notes
- ∞ Substance Abuse Report
- ∞ Act 114 Independent Report
- ∞ Governing Body
- ∞ Transportation Report
- ∞ VSH Vision/Mission/Values
- ∞ CSAC Re-designation
- ∞ More on Peer Initiatives